



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

STATE COMMITTEE OF INTERPRETERS
P.O. BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-7787 TTY: (800) 735-2966
E-MAIL ADDRESS: interpreters@pr.mo.gov

INSTRUCTIONS TO APPLICANT: COMPLETE ITEMS 1 - 9 THEN FORWARD TO THE STATE IN WHICH YOU NOW HOLD OR EVER HELD A LICENSE/CERTIFICATE TO PRACTICE AS A SIGN LANGUAGE INTERPRETER. DUPLICATE IF NECESSARY.

APPLICANT DATA **MUST BE TYPED** **USE BLACK INK**

1. NAME (LAST, FIRST, MAIDEN, MIDDLE)			
2. ADDRESS (STREET, CITY, STATE, ZIP CODE)			
3. DATE OF BIRTH	4. SOCIAL SECURITY NO.	5. LICENSE NUMBER	6. DATE LICENSE ISSUED
7. I HEREBY AUTHORIZE THE (STATE) ▶ _____ BOARD TO FURNISH THE INFORMATION REQUESTED BELOW TO THE MISSOURI STATE COMMITTEE OF INTERPRETERS		8. SIGNATURE 9. DATE	

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE INFORMATION **PLEASE TYPE** **USE BLACK INK**

10. LICENSE NUMBER	11. DATE ISSUED	12. TYPE OF LICENSE HELD
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ENCUMBERED LICENSE

	YES	NO
13. IS THE APPLICANT'S LICENSE CURRENT? EXPIRATION DATE _____	<input type="checkbox"/>	<input type="checkbox"/>
14. HAS THE APPLICANT'S LICENSE EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/>	<input type="checkbox"/>
15. HAS THE APPLICANT'S LICENSE EVER BEEN PLACED ON PROBATION?	<input type="checkbox"/>	<input type="checkbox"/>
16. IS THERE ANY PENDING LITIGATION OR DISCIPLINARY ACTION AT THIS TIME?	<input type="checkbox"/>	<input type="checkbox"/>
17. IF YOU HAVE ANSWERED YES TO QUESTIONS 14, 15, OR 16 PLEASE PROVIDE ADDITIONAL FACTS ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
18. OTHER COMMENTS ▶ _____		

19. BOARD SEAL (AFFIX OFFICIAL STATE SEAL OF INTERPRETER BOARD BELOW)	RETURN COMPLETED FORM TO: STATE COMMITTEE OF INTERPRETERS PO BOX 1335 JEFFERSON CITY MO 65102-1335 OR INTERPRETERS@PR.MO.GOV
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20. SIGNATURE & TITLE	21. STATE	22. DATE
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